MAXIMUS Federal Services

Case Number:	CM14-0103842		
Date Assigned:	07/30/2014	Date of Injury:	10/24/2010
Decision Date:	09/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Maryland. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant has a history of a work injury occurring on 10/24/10 while working at as a sales clerk and stocker when her left hand was caught between the handles of two merchandise carts. She continues to be treated for left wrist pain. She underwent an arthroscopy of the left wrist on 02/05/13 with debridement of a triangular fibrocartilage tear, extensor carpi ulnaris release, and ulnar shortening. Subsequent treatments included hand therapy. A work hardening program had caused increased symptoms. She was seen by the requesting provider on 03/31/14. She was status post hardware removal on 03/04/14. Pain was rated at 6-7/10 without and 9/10 with medications. Medications were Norco 10/325 mg, cyclobenzaprine 7.5 mg, Docusate 100 mg two times per day, and Aleve 220 mg per day. Physical examination findings included triangular fibrocartilage tenderness and painful wrist range of motion. There was mild swelling over her surgical scar. Norco 10/325 mg #180 was prescribed. She was having ongoing problems with constipation and was taking Docusate. On 05/28/14 she had completed eight sessions of postoperative therapy. There was consideration of a work hardening program. Pain was rated at 6-7 with and 9/10 without medications. There had been a discussion about tapering her Norco dose but she was worried about discontinuing it. However, the assessment references being motivated to taper the medication within the next few months. She was having ongoing left wrist pain and cramping. The note references continuous pain symptoms and partial relief with medications. A tapering schedule for Norco is referenced with a goal of decreased dosing to five times per day. Norco 10/325 mg #180 and Docusate 100 mg two times per day were prescribed. On 07/23/14 she had ongoing tenderness. There was a pending QME. Pain was rated at 6-7/10 with and 9-10/10 without medications. Physical examination findings appear unchanged. The

note again references a planned tapering schedule. However, Norco 10/325 mg #180 was prescribed with the same goal of decreasing to five times per day at the follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, indicators for addiction,Weaning of Medications Page(s): 87,124.

Decision rationale: The claimant is nearly four years status post work-related injury and continues to be treated for left wrist pain. She underwent hardware removal in March 2014. Her provider documents a planned weaning schedule for Norco which has been prescribed on a long-term basis. The claimant has constipation likely due to her opioid medication and is being prescribed Docusate for this.Guidelines address the weaning of opioid medication. A slow taper is recommended and the longer the patient has taken opioids, the more difficult they are to taper. A suggested taper is 10% every 2 to 4 weeks.In this case, although the provider documents a plan for weaning the claimant's Norco and she is referenced as motivated to taper the medication, the amount being prescribed is unchanged. Providing medication in excess of what would be needed during the taper is inconsistent and could promote hoarding of medication.

Docusate Sodium 100mg #100: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant is nearly four years status post work-related injury and continues to be treated for left wrist pain. She underwent hardware removal in March 2014. Her provider documents a planned weaning schedule for Norco which has been prescribed on a long-term basis. The claimant has constipation likely due to her opioid medication and is being prescribed Docusate for this.Opioid-induced constipation is a common adverse effect of long-term opioid use. First line treatment includes use of over-the-counter medications such as docusate. In this case, although there is a plan to wean the claimant's Norco, ongoing treatment for constipation would be expected at least until the weaning has been completed. The dose being prescribed is consistent with that recommended and is therefore medically necessary.